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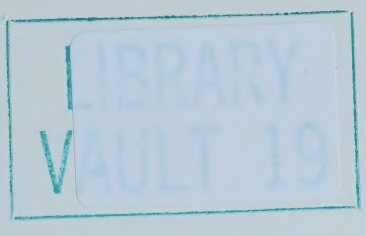

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Quarterly Statistical Review

Alberta

Dept of HEALTH AND SOCIAL DEVELOPMENT
Research and Planning Division

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It is with extreme pleasure that I acknowledge the publication commencement of the department's Quarterly Statistical Review.

The objective of the publication is to bridge part of the information gap between the department and the public which it serves.

Hopefully, the material published will inform and provide stimulation as to some of the programs we are involved with, and create a better understanding of the work of the department of health and social development.

Many of the articles planned for future editions will include quantitative and qualitative statistics usually provided in Annual Reports.

Bruce Rawson,
Chief Deputy Minister.

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OCTOBER - DECEMBER 1972

Public Assistance

Chart I shows the distribution of public assistance caseload for the last three years. The top line represents the total caseload, which is subdivided into three categories: unemployables, persons on assistance owing to absence of spouse, and lack of earning capacity. Unemployables consist of persons on assistance owing to old age, mental or physical illness. The caseload in this area remains fairly constant, other than a drop in the spring of 1971. This may relate to the 1971 increase in Old Age Security and Guaranteed Income Supplement. The caseload of those on assistance owing to absence of spouse has consistently increased over the last 3 years. These are mainly mothers with dependent children. Possible factors accounting for this increase include social change in the area of marriage and divorce, attitude to applying for public assistance, and problems pertinent to women locating and maintaining employment. The caseload of those on assistance owing to lack of earning capacity (unemployed or employed with insufficient income) shows seasonal fluctuation. This is due to the decrease in certain kinds of employment in the winter months.

The average caseload for the quarter October - December 1972 is 29,303. This means that there is an average of 29,303 households consisting of either a single person or families that are on assistance each month. The average number of recipients each month is 76,817. In other words, taking children and dependents into account, 76,817 persons receive public assistance each month.

The monthly caseload increase for October, November and December is 0.16%, 1.67% and 0.65% respectively (Table 1).

In this quarter, 47.9% of the caseload are on assistance owing to age, physical and mental ill health; 32.7% owing to family responsibilities (32.3% mothers with dependent children), and 19.4% owing to lack of earning capacity (14.3% unemployed employables; 5.1% employed, insufficient income) (Table 1). Thus the majority of recipients are on assistance because they are not able to work, or have children to look after. A relatively small percentage of the caseload represents able-bodied persons who cannot obtain employment.

Of the caseload, 62.25% are female, 37.75% male (Table 2).

With respect to age, 37.9% of the caseload is over 50 years, 21.8% between 20 - 29, 17.7% between 30 - 39, and 16.3% between 40 - 49.

On the whole, male recipients are older than female, and are largely within age groups above 40. Most female recipients are between 20 - 29 and above 40 (Table 2).

Of the total caseload, 38.9% are without spouse or dependents; the rest are families. The average family size is 3.56 persons per unit. Single-parent families constitute 39.46% of the caseload (Table 3).

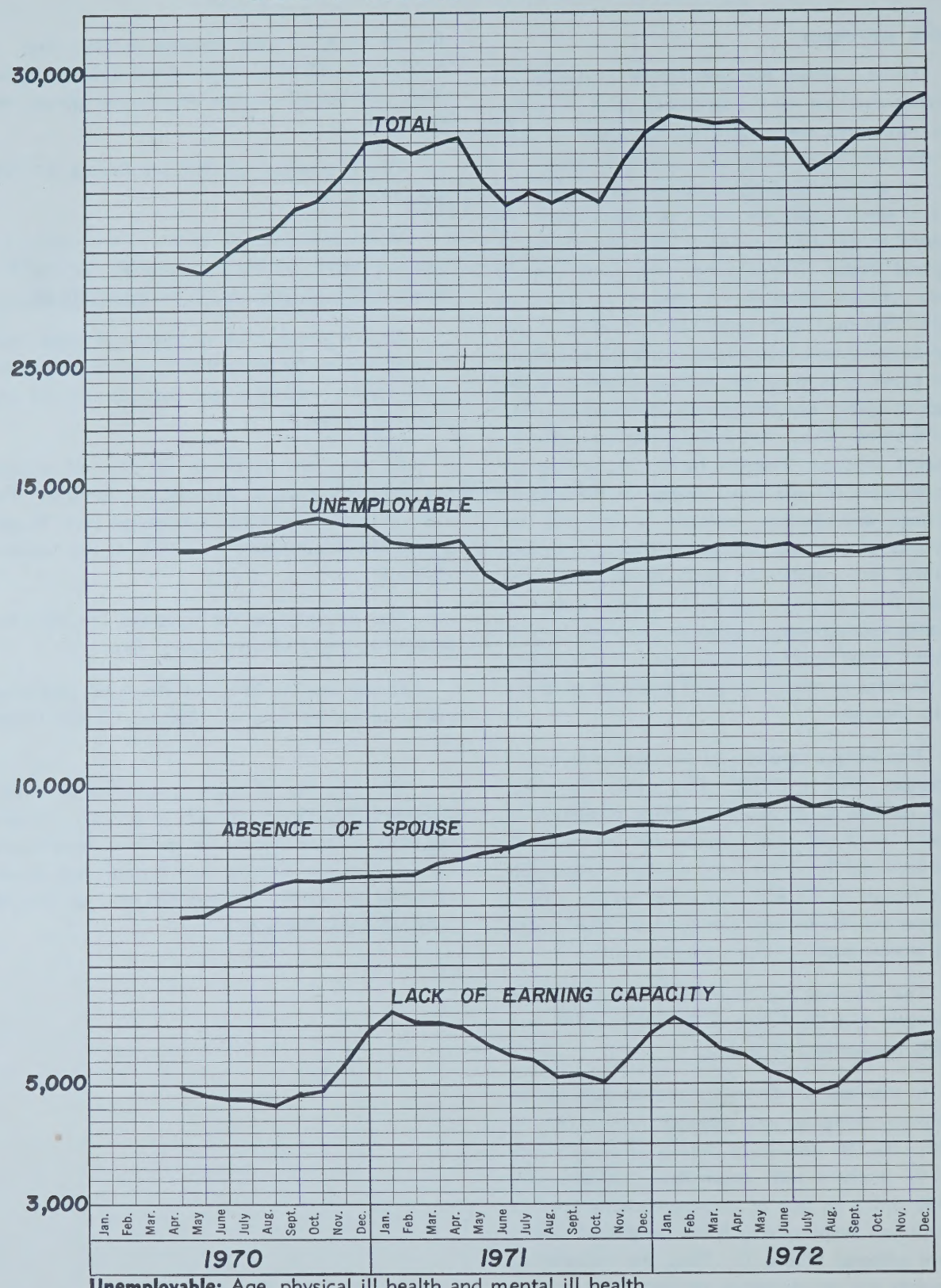
The majority of the caseload (53.3%) has grade 8 to grade 11 education (Table 4).

Edmonton has 38% of the total provincial public assistance caseload; Calgary 25.5% (Table 5).

The majority of males are either unskilled labourers (27.4%) or workers in primary industry (20.1%). Fifteen percent are farmers. Females are for the most part housewives. If employed, it will likely be as service workers (25.4%) or clerical staff (10.7%) (Table 6).

CHART I

PUBLIC ASSISTANCE CASELOAD



Unemployable: Age, physical ill health and mental ill health.

Absence of Spouse: Mothers with dependent children and fathers with dependent children.

Lack of Earning Capacity: Unemployed employable and employed insufficient income.

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PUBLIC ASSISTANCE

TABLE 1

REASON FOR ASSISTANCE DISTRIBUTION

REASON	OCTOBER	NOVEMBER	DECEMBER	AVERAGE	PERCENTAGE
Age	4,148	4,174	4,203	4.175	14.2
Physical Ill Health	7,441	7,499	7,526	7,489	25.6
Mental Ill Health	2,367	2,387	2,377	2,377	8.1
Mother — Dependent Child	9,397	9,478	9,534	9,470	32.3
Father — Dependent Child	113	118	116	116	0.4
Unemployed Employables*	3,940	4,249	4,375	4,188	14.3
Employed Insufficient Income	1,514	1,497	1,454	1,488	5.1
TOTAL	28,920	29,402	29,585	29,303	100.0
Increase Rate Over Previous Month	0.16%	1.67%	0.62%		

* This includes persons who are employed but waiting for their first pay cheques. It also includes persons undergoing training, rehabilitative services, or assessment by Social Workers. Thus the actual number of unemployed persons available for employment is much smaller.

TABLE 2

AGE GROUPINGS DISTRIBUTION

	MALE		FEMALE		TOTAL	
AGE	#	%	#	%	#	%
0 - 19	582	5.3	1,269	7.0	1,851	6.3
20 - 24	893	8.1	2,418	13.2	3,311	11.3
25 - 29	838	7.5	2,232	12.2	3,070	10.5
30 - 34	746	6.7	1,946	10.7	2,692	9.2
35 - 39	731	6.6	1,764	9.7	2,495	8.5
40 - 49	1,757	15.9	3,005	16.5	4,762	16.3
50 - 59	2,090	18.9	2,812	15.4	4,902	16.7
60+	3,426	31.0	2,794	15.3	6,220	21.2
TOTAL	11,063	100.0	18,240	100.0	29,303	100.0

% Male — 37.75
% Female — 62.25

PUBLIC ASSISTANCE

TABLE 3

FAMILY SIZE AND TYPE DISTRIBUTION

FAMILY SIZE	2 ADULT HOUSEHOLD #	2 ADULT HOUSEHOLD %	1 ADULT HOUSEHOLD #	1 ADULT HOUSEHOLD %	TOTAL #	TOTAL %
1	—	0.0	11,395	49.6	11,395	38.9
2	2,297	36.2	3,851	16.8	6,148	21.0
3	1,044	16.4	3,233	14.1	4,277	14.6
4	842	13.3	2,158	9.4	3,000	10.2
5	626	9.9	1,241	5.4	1,867	6.4
6	491	7.7	606	2.6	1,097	3.7
Over 6	1,046	16.5	473	2.1	1,519	5.2
TOTAL	6,346	100.00	22,957	100.0	29,303	100.0

TABLE 4

EDUCATION DISTRIBUTION

EDUCATION LEVEL	QUARTILE AVERAGE	PERCENTAGE OF TOTAL
No Formal Education	1,572	5.4
Grade 4 or less	3,223	11.0
Grade 5	1,067	3.6
Grade 6	1,779	6.1
Grade 7	2,096	7.1
Grade 8	5,413	18.5
Grade 9	3,684	12.6
Grade 10	3,965	13.5
Grade 11	3,136	10.7
Grade 12	2,803	9.6
1 Year University	231	0.8
2 Years University	145	0.5
3 Years University	70	0.2
University Graduate	119	0.4
TOTAL	29,303	100.0

PUBLIC ASSISTANCE

TABLE 5

REGIONAL OFFICE DISTRIBUTION

REGIONAL OFFICE	QUARTILE AVERAGE	PERCENTAGE	RANK
Edmonton North	4,807	16.4	1
Calgary South	4,371	14.9	2
Edmonton West	3,180	10.9	3
Calgary North	3,106	10.6	4
Edmonton South	2,326	7.9	5
Lethbridge	1,536	5.2	6
Grande Prairie	911	3.1	7
Edmonton West 10	832	2.8	8
Red Deer	825	2.8	9
Wetaskiwin	752	2.6	10
Medicine Hat	571	2.0	11
High Prairie	506	1.7	12
Barrhead	419	1.4	13
Peace River	394	1.3	14
Vegreville	354	1.2	15
Lac La Biche	350	1.2	16
Bonnyville	325	1.1	17
St. Paul	292	1.0	18
Edson	282	1.0	19
Drumheller	277	0.9	20
Slave Lake	253	0.9	21
Camrose	250	0.9	22
Vermilion	250	0.9	22
Smoky Lake	246	0.8	24
Wainwright	232	0.8	25
Athabasca	225	0.8	26
Blairmore	209	0.7	27
Stettler	197	0.7	28
McMurray	194	0.7	29
High Level	170	0.6	30
Olds	154	0.5	31
Rocky Mountain House	141	0.5	32
Whitecourt	129	0.4	33
Brooks	104	0.3	34
Hanna	84	0.3	35
Grande Cache	49	0.2	36
TOTAL	29,303	100.0	

PUBLIC ASSISTANCE

TABLE 6

MAJOR OCCUPATION DISTRIBUTION

MAJOR OCCUPATION	MALE #	MALE %	MALE GROUP %	FEMALE #	FEMALE %	FEMALE GROUP %	#	%	GROUP %
Managerial	116	1.1	1.1	56	0.3	0.3	172	0.6	0.6
Technical	165	1.5	1.5	570	3.1	3.1	735	2.5	2.5
Clerical	121	1.1	1.1	1,948	10.7	10.7	2,069	7.1	7.1
Sales	214	1.9	1.9	537	2.9	2.9	751	2.6	2.6
Service — Protective	88	0.8	7.6	12	0.1	25.4	100	0.3	18.6
Service — Food, Household	756	6.8		4,615	25.3		5,371	18.3	
Primary — Logger, Bush Worker	154	1.4					154	0.5	
Primary — Farmer	1,658	15.0	20.1	44	0.2	0.2	1,702	5.8	7.7
Primary — Fisherman, Trapper, Hunter	287	2.6		3	0.0		290	1.0	
Primary — Miner	123	1.1					123	0.4	
Skilled — Tradesmen	774	7.0	9.2	10	0.1	0.1	784	2.7	3.5
Skilled — Heavy Equipment Operator	238	2.2		1	0.0		239	0.8	
Semi Skilled — Truck Driver	426	3.9		12	0.1		438	1.5	
Semi Skilled — Apprentice and Helper	322	2.9	9.1	17	0.1	2.9	339	1.2	5.3
Semi Skilled — Production and Services	256	2.3		502	2.7		758	2.6	
Unskilled — Production and Services	200	1.8	27.4	221	1.2	1.9	421	1.4	11.5
Unskilled — Labourer	2,838	25.6		126	0.7		2,964	10.1	
Other — Housewife, Student	611	5.5	5.5	7,871	43.2	43.2	8,482	29.0	29.0
Not Stated	1,716	15.5	15.5	1,695	9.3	9.3	3,411	11.6	11.6
TOTAL	11,063	100.0	100.0	18,240	100.0	100.0	29,303	100.0	100.0

Child Welfare

Chart II indicates the distribution of children under care for the last three years. The major change — the steady decrease in the number of permanent wards since early 1971, may be attributed to several factors. Among these are the lowering of the age of majority from 21 to 18, a decline in the number of illegitimate children surrendered to the Department, and a reduction of the probationary period for adoptions from twelve to six months.

The change rate of all children under care for the years 1970, 1971, and 1972 over the previous year is 5.22% decrease, 5.63% decrease, and 20.23% decrease respectively.

The average number of children under care for the last quarter is 5,741, of which 56.5% are permanent wards, 33% temporary wards (26.4% Child Welfare Act, 6.6% Juvenile Delinquency Act), 7.2% non-ward, and 3.3% wards of other provinces, placed in Alberta (Table 1).

The greatest percentage of children under care are placed in foster homes (55.2%); 15.6% are placed with a view to adoption, 12.7% are in institutions, and 7.6% are with their own parents (Table 2).

With regard to age distribution, a higher percentage of children under care are in the teenage group than in younger age groups. The concentration shows in the age groups 13 to 17, with 12.3% indicated between 15 to 16 (Table 3).

CHILDREN UNDER CARE

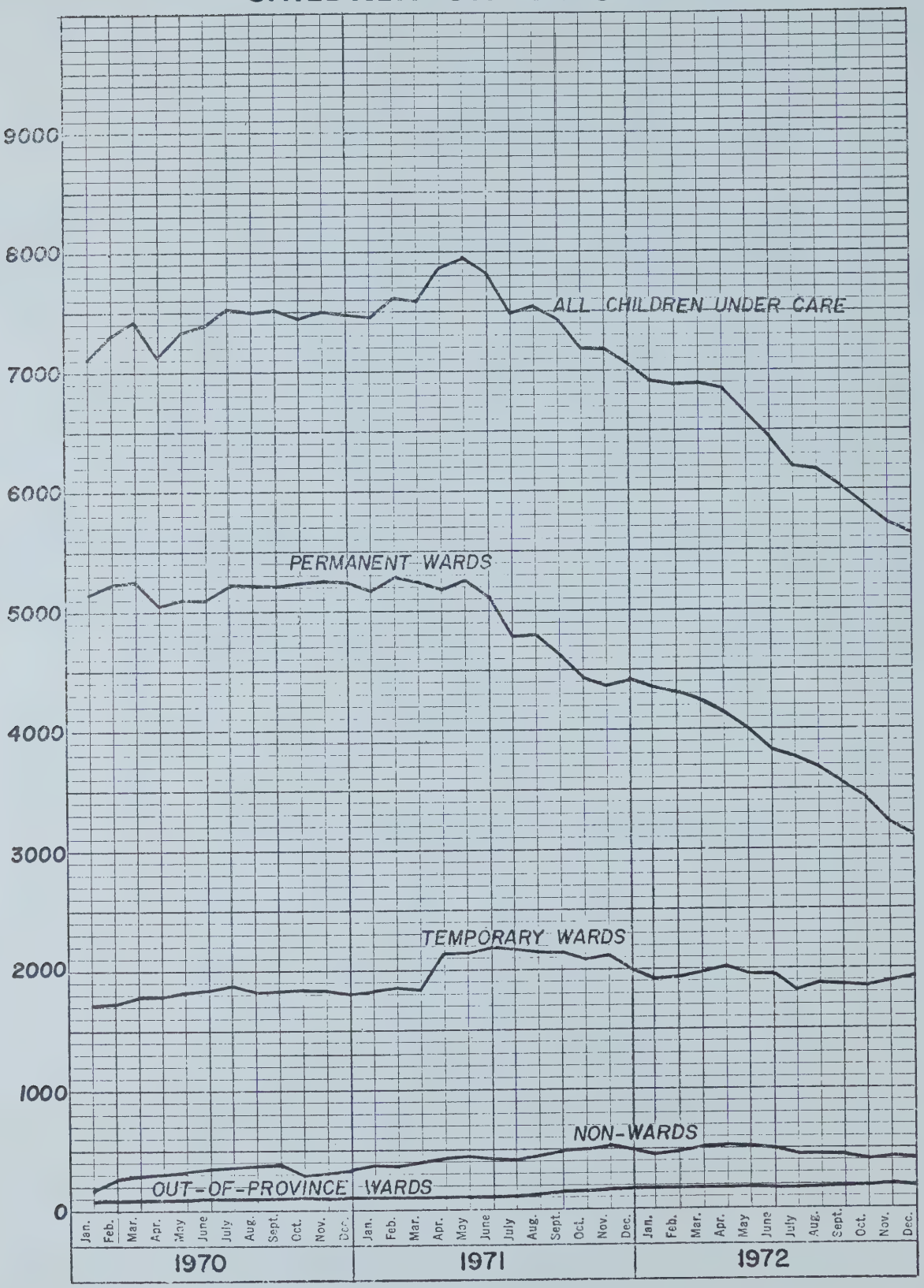


TABLE 1

STATUS OF CHILDREN UNDER CARE

TYPE OF WARD	OCTOBER	NOVEMBER	DECEMBER	TOTAL	AVERAGE	PERCENTAGE
Temporary CWA	1,476	1,513	1,557	4,546	1,515	26.4
Permanent CWA	2,374	2,385	2,308	7,067	2,356	41.0
View to Adoption	1,041	829	805	2,675	892	15.5
Temporary JDA	381	379	367	1,127	375	6.6
Non-Ward	400	419	413	1,232	411	7.2
Out of Province	194	198	183	575	192	3.3
TOTAL	5,866	5,723	5,633	17,222	5,741	100.0
Decrease Rate Over Previous Month	2.74%	2.44%	1.57%			

CWA = Child Welfare Act
JDA = Juvenile Delinquency Act

TABLE 2

PLACEMENT TYPE BY STATUS

TYPE OF PLACEMENT	TEMPORARY WARD #	TEMPORARY WARD %	PERMANENT WARD #	PERMANENT WARD %	NON WARD #	NON WARD %	OUT OF PROVINCE #	OUT OF PROVINCE %	TOTAL #	TOTAL %
Free Home	23	1.2	17	0.5	5	1.2	2	1.0	47	0.8
Boarding Home	1,053	55.7	1,788	55.1	202	49.0	127	66.2	3,170	55.2
Institution — Treatment	169	8.9	91	2.8	56	13.6	2	1.0	318	5.6
Institution — Correctional	10	0.5	9	0.3					19	0.3
Institution — Receiving	98	5.2	86	2.6	30	7.3	3	1.6	217	3.8
Mental Defective in A.S.H.	17	0.9	85	2.6	8	1.9	5	2.6	115	2.0
Other Institution	17	0.9	86	2.6	16	3.9	3	1.6	122	2.1
Independent	3	0.2	25	0.8	5	1.2	2	1.0	35	0.6
V.T.A.			891	27.5			11	5.7	902	15.7
Run Away	35	1.9	33	1.0	6	1.5	2	1.0	76	1.3
With Own Parents	353	18.7	23	0.7	47	11.4	14	7.3	437	7.6
Group Home	84	4.4	94	2.9	35	8.5	6	3.2	219	3.8
With Relatives	28	1.5	20	0.6	2	0.5	15	7.8	65	1.2
TOTAL	1,890	100.0	3,248	100.0	412	100.0	192	100.0	5,742	100.0

A.S.H. — Alberta School Hospital
V.T.A. — View to Adoption

CHILD WELFARE

TABLE 3

AGE DISTRIBUTION

BIRTH YEAR	AGE RANGE	NUMBER	PERCENTAGE	RANGE PERCENTAGE
1972		657	9.5	
1971		379	5.5	
1970		235	3.4	
1969	1 - 6	204	3.0	27.7
1968		199	2.9	
1967		237	3.4	
1966		245	3.5	
1965		257	3.7	
1964		241	3.5	
1963	6 - 12	252	3.6	22.5
1962		272	3.9	
1961		297	4.3	
1960		336	4.9	
1959		501	7.2	
1958		603	8.7	
1957		851	12.3	
1956	12 - 18+	662	9.6	49.8
1955		371	5.4	
1954		94	1.4	
Earlier		25	0.3	
TOTAL		6,918	100.0	100.0

HOSPITALIZATION DUE TO MENTAL ILLNESS IN 1971

Dr. C. P. Hellon* and Lynn Heard

In 1971 the provincial mental hospitals[1] treated only 18% of all hospitalized episodes of psychiatric illness in Alberta. Until 1971 we had no knowledge of the total picture of psychiatric illness as statistics from the general hospitals were not available. Statistics Canada has for many years published mental health statistics on an annual basis.[2] However, the roster of reporting facilities in Alberta is far from complete. In this article we will attempt to show how the picture of mental illness is altered with the introduction of general hospital statistics.[3]

Comparative statistics are available for only a few variables and have real limitations. The data pertain to discharges, not admissions; due to the long and highly variable lengths of stay in provincial hospitals (see Table A), they reflect an admission pattern of a much earlier period of time. As an individual is not identified by a single number through all his admissions, it is impossible to know how many individuals are represented by these episodes, to determine to what extent all facilities are treating the same or different individuals, or to calculate prevalence or incidence rates. Differences in the diagnostic classification used by general and provincial hospitals compound the problem.

Keeping these limitations in mind, we can still explore some interesting facets of this data. While provincial mental institutes accounted for less than one quarter of the caseload in 1971, they account for 80% of the bed days. On the other hand, general hospitals with and without psychiatric units[4] which each accounted for 41% of the caseload, accounted for only 9% and 10% of the total bed days respectively. respectively.

TABLE A

NUMBER OF DISCHARGES, RATES/1000,000 POPULATION, AND AVERAGE LENGTH OF STAY BY FACILITY GROUP

FACILITY GROUP	# OF CASES	RATE/100,000 *(1,627,870)	AVERAGE LENGTH OF STAY (DAYS)
General hospitals with	6,473	397.6	17.9
Psychiatric Units	6,525	400.8	16.2
Other General Hospitals	2,843	174.6	318.07
Provincial Mental Hospitals			
Province Total	15,841	973.0	71.0

*(1971 Census Figure for Alberta Population)

* C. P. Hellon, M.M., C.H.B., D.P.M., F.R.C.P.(C), M.R.C. Psych., is the Director of the Division of Mental Health.

1. Throughout this article the terms provincial mental hospitals and provincial hospitals refer to Alberta Hospital Edmonton and Alberta Hospital Ponoka.

2. Mental Health Statistics, Volume I, 1970; catalogue 83-204 (Statistics/Statistique Canada).

3. The general hospital statistics used in this article were obtained from the Alberta Hospital Services Commission.

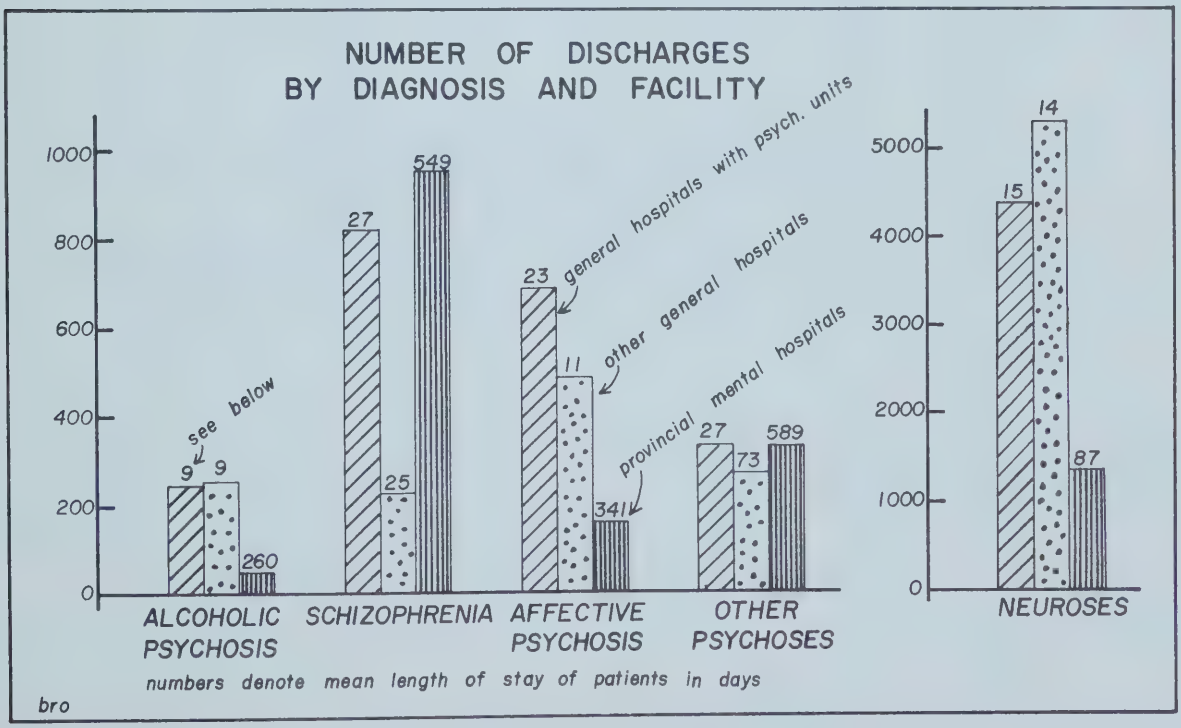
4. There are nine general hospitals with psychiatric units: four in Edmonton, three in Calgary and one each in Medicine Hat and Lethbridge. The group 'other general hospitals' refers to 140 general and auxiliary hospitals without psychiatric units, which admitted patients primarily diagnosed as psychiatric.

What accounts for this great disparity in lengths of stay? General hospitals regularly refer cases which are more severe or seem not to respond to treatment, to provincial hospitals, which therefore treat more chronic than acute illness. Thus lengths of stay would naturally be somewhat longer in provincial hospitals.

The different diagnostic mix treated in each facility group may provide another clue to this disparity. As can be seen in Figure I, provincial hospital caseloads were heavily weighted toward the 'schizophrenic' and 'other psychoses' groups, which had the longest lengths of stay in all facility groups. Conversely, they treated only 10% of the 'alcoholic psychosis' group and 12% of the 'neuroses'[5] group — the two with the shortest lengths of stay.

When the lengths of stay were examined on a frequency-distributed basis their enormous variance became apparent. Fully 65% of the discharges had lengths of stay of less than 90 days, yet one patient had been in residence 42 years, 20 days. The latter example reflects an historical pattern of 'admission for life'. In view of this pattern it would seem that the median, which was 44 days, is a more meaningful statistic than the mean.

FIGURE I



5. 'Neuroses' diagnostic group includes neuroses, personality disorder, and other non-psychotic mental disorders.

One other remarkable statistic evident in Figure I is the average length of stay in 'other general hospitals' of 72.7 days for the diagnostic group, 'other psychoses'. The average stay for all diagnostic categories in this facility group was 16.2 days. Persons 65 years of age or above comprised 54% of this diagnostic group; in all other diagnostic categories they represented 11%. This may signify the use of general hospitals in rural and small urban environments as geriatric facilities, because of limited access to more suitable facilities such as nursing homes.

Two other variables for which comparative statistics are available are sex and age. Looking at Table B, we note that females had a discharge rate of 1,064.7/100,000 population compared with that of 884.5 for males. However, had only provincial hospital statistics been available we may have construed that males are more prone to hospitalization than females.

Unfortunately, we haven't sufficient data to determine whether the difference in rates/100,000 population reflect increased risk or incidence of mental illness in females. We would require information about the readmission rates of each sex for each facility type, and the flow of patients between facility groups.

One fact evident from the data is that women are 1.2 times more likely than men to be treated in general hospitals, and 1.9 times less likely to be treated in provincial hospitals.

TABLE B

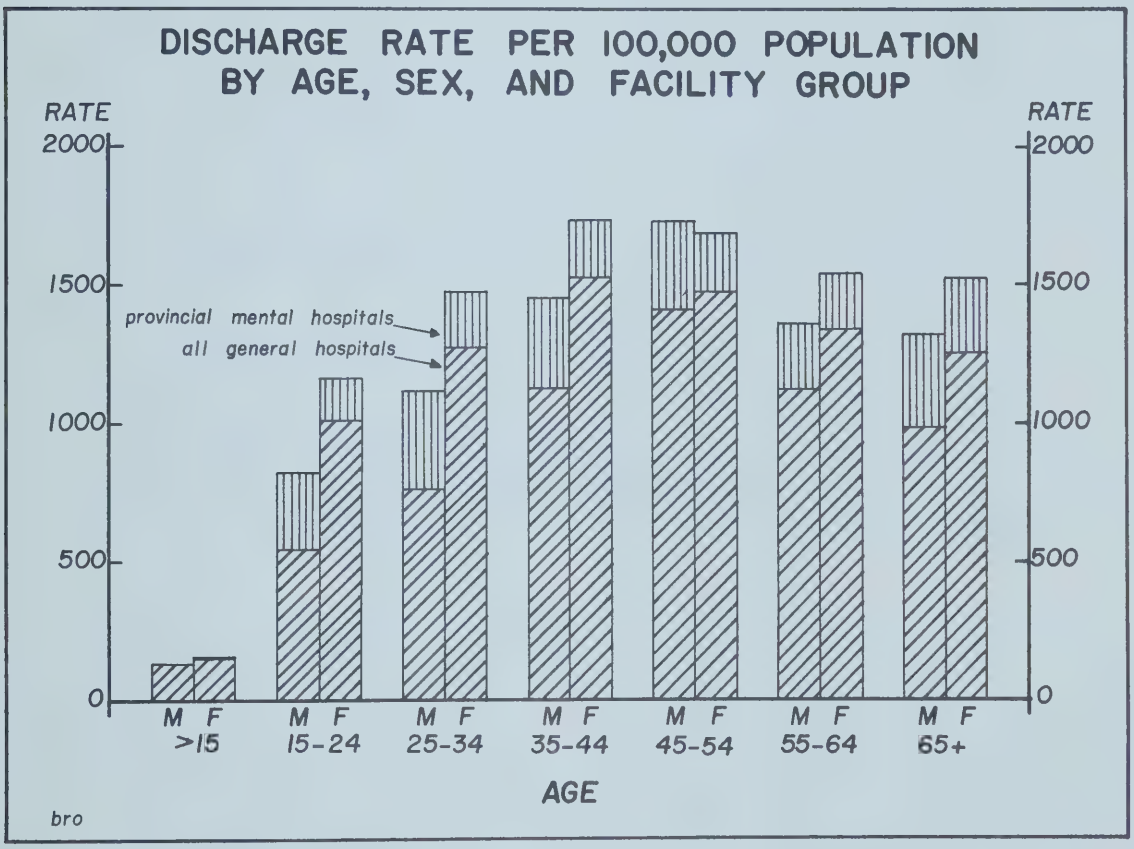
NUMBER OF DISCHARGES, RATES/100,000 AND AVERAGE LENGTHS OF STAY, BY SEX AND FACILITY GROUP

SEX	FACILITY GROUP	# OF CASES	RATE/100.000*	AVER. LENGTH OF STAY (DAYS)
Male	All General Hospitals	5,573	673.2	17.4
	Provincial Mental Hospitals	1,749	211.3	345.8
	Total	7,322	884.5	95.8
Female	All General Hospitals	7,425	928.1	16.8
	Provincial Mental Hospitals	1,094	136.7	273.5
	Total	8,519	1,064.8	60.5

* Based on 1971 census figures — males 827,785 females 800,090

Examination of Figure 11 shows that discharge rates for females are higher in the age groups up to 34 years of age; beyond this age there is little sex differential in discharge rates. Females in all age groups are less likely than males to be treated in provincial hospitals.

FIGURE 11



Data received from general hospitals, even on a limited basis, add considerably to the picture of mental illness in Alberta. However, working with such data still proves more frustrating than satisfying; many questions are raised for which the data cannot provide answers.

Our data is limited to hospitalized episodes of psychiatric illness. As greater emphasis is placed on early discharge and community follow-up, the bulk of treatment of mental illness will be on an outpatient basis. We must ensure that data concerning these community service contacts are captured.

We must also develop a method of tracing an individual's progress through the service system. This will enable us to develop profiles of episodes of illness, to calculate incidence and prevalence of illness in population subgroups, and to evaluate programs of treatment.

POISON CONTROL SERVICE

The Poison Control Service was initiated in the province of Alberta in 1962. At that time a Poison Treatment Center was set up in every active treatment hospital in the province. Each new hospital opened since then has been similarly equipped. Two Poison Information Centers were established, one in the Calgary General Hospital, the other in the University of Alberta Hospital, Edmonton, to provide information regarding unusual poisons and their treatment. All reports are mailed to the Poison Control Service office, where statistics are compiled on a monthly, quarterly and annual basis. Copies of reports received are forwarded to the Poison Control Center in Ottawa, to be included in records compiled from all provinces.

Figures for both poisonings and deaths in Alberta have increased steadily, reflecting the population growth of the province, as well as improved reporting from the treatment centers and the public's increasing reliance on emergency hospital departments for treatment of any medical problems which arise.

A study of the figures over the years yields evidence of interesting facts. During the early years of the Poison Control Service, by far the majority of reported poisonings occurred in the under-five age group, with improper use of aspirin regularly heading the list. However, a changing pattern since 1969 shows an increasing number of reports of self-induced poisonings with sedatives and sleeping pills by teenagers and young adults. In 1971, and again in 1972, these cases outnumbered the aspirin cases. (See figures 1 and 2). Although the decreased aspirin ingestion by under-fives is partially accounted for by a downward population trend in this age group, the rates/1000,000 population suggest an improvement in poison prevention (see figure 3).

Also of interest is the comparatively small number of poisonings reported in the age group 5 - 14. These youngsters, presumably at an age of understanding the dangers involved in haphazard ingestion of non-food materials, have not yet entered the emotionally-unstable era of the "teens and twenties". In the latter group, sex is of little significance under 14. Over 14, however, females vastly outnumber males, barring the field of non-medical drug use where boys outnumber girls almost 2:1 — possibly reflecting an extra degree of recklessness and daring in the basic nature of boys. Non-medical drug use, reported as a poisoning only in the last two years, probably registers not more than a small percentage of the actual number, since only those who cannot be treated successfully outside hospitals are brought to emergency departments.

The number of deaths occurring as a result of poisoning is minimal under the age of 14, both numerically and in relation to the number of cases reported (see Table 1). As mentioned previously, relatively few poisonings occur between the ages of 5 - 14 years, while under-fives are usually closely supervised by adults, and subject to suitable treatment soon after accidental ingestion of poison. Deaths increase markedly in the years 15 - 44, where intentional ingestion of poisonous substances exceeds accidental poisonings, and hours may elapse before the event is discovered and treatment commenced. In this respect, carbon monoxide has been consistently the leading killer, followed by sedatives and sleeping pills, since the inception of the registry. Aspirin, though responsible for many poisonings, accounts for very few deaths.

FIGURE 1

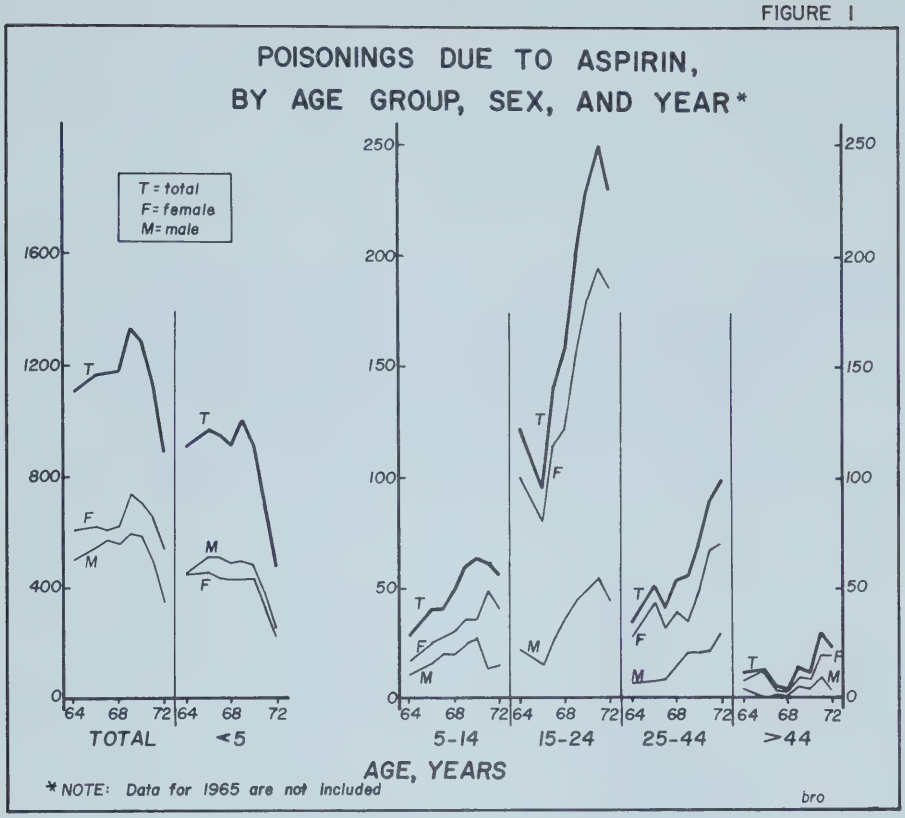


FIGURE 2

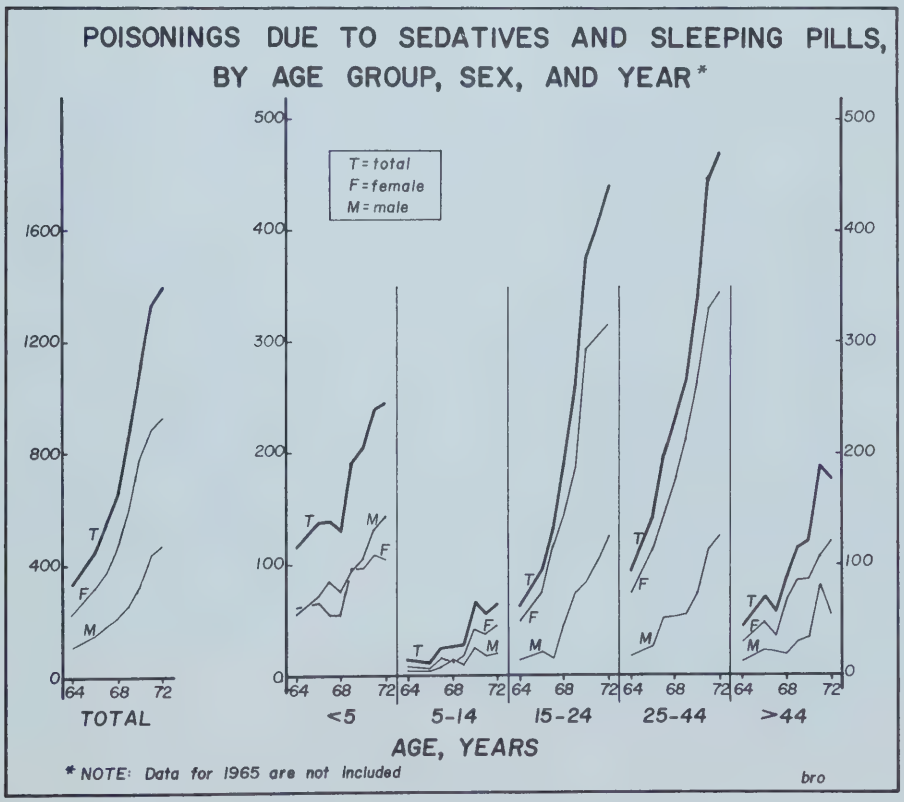


FIGURE 3

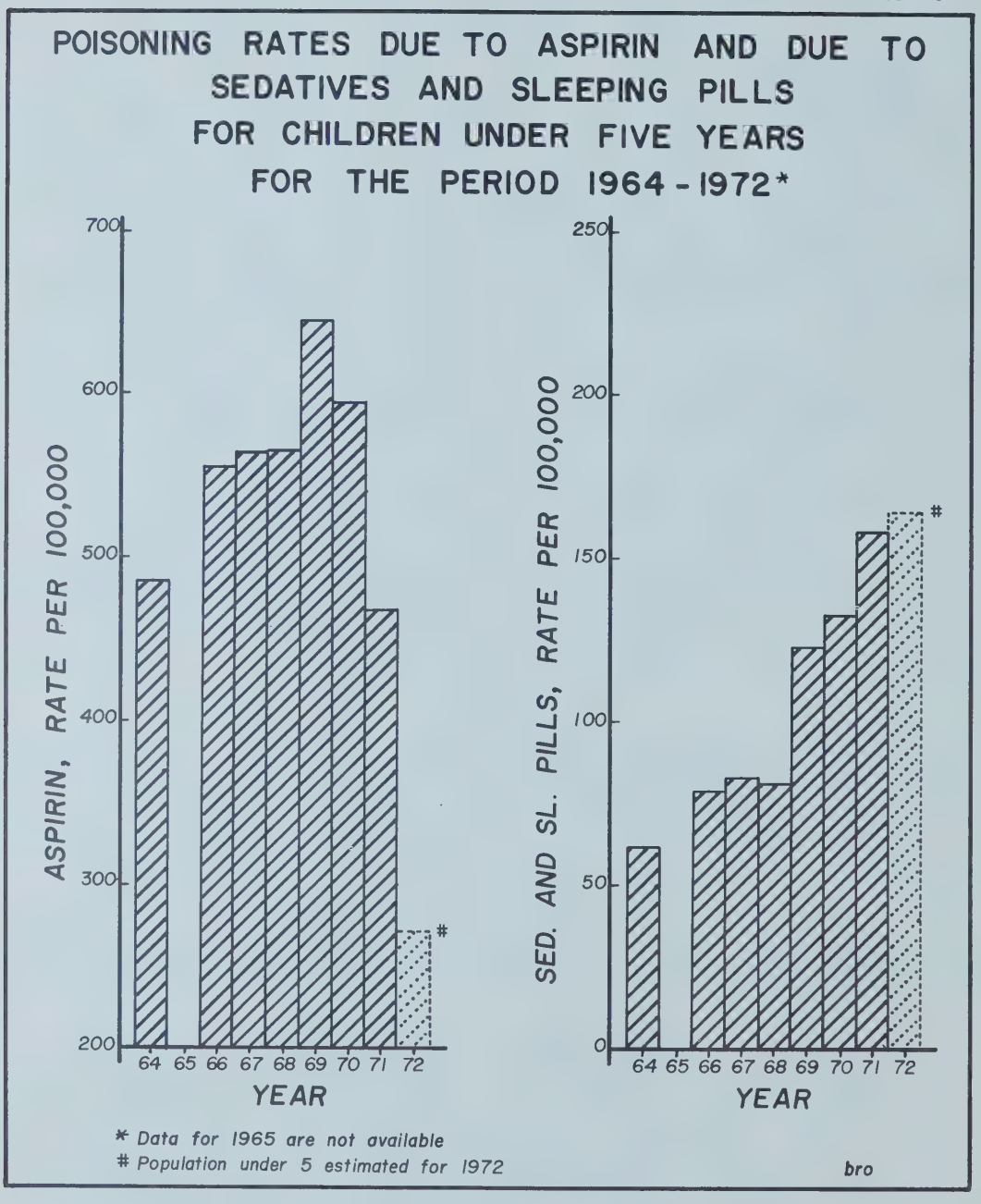
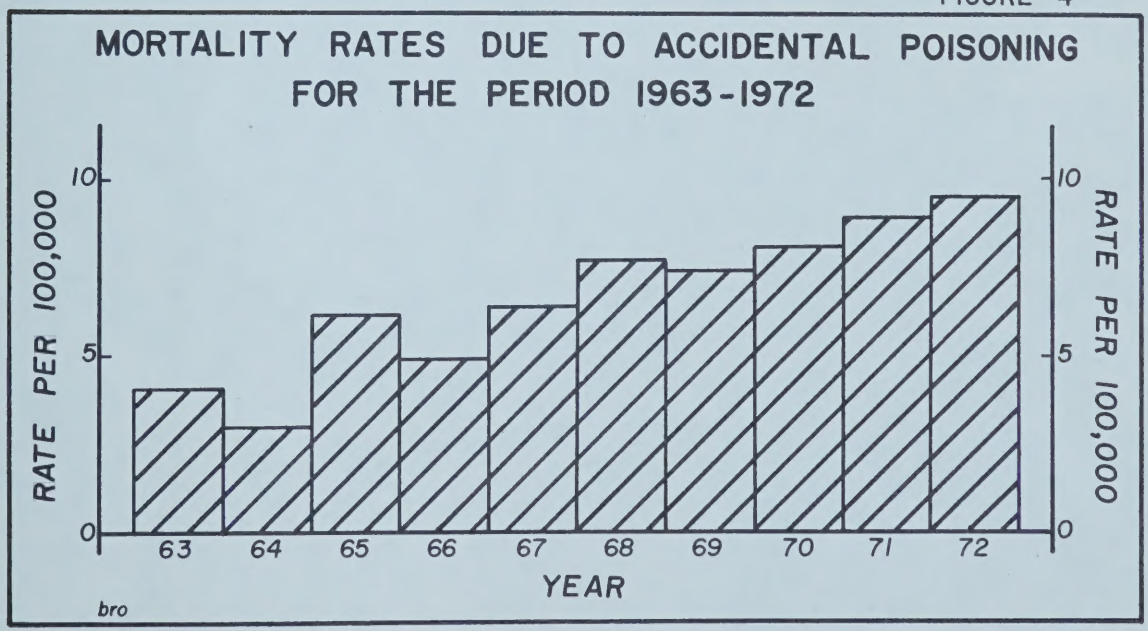

POISONING RATES DUE TO ASPIRIN AND DUE TO SEDATIVES AND SLEEPING PILLS FOR CHILDREN UNDER FIVE YEARS FOR THE PERIOD 1964 - 1972*
ASPIRIN, RATE PER 100,000
700
600
500
400
300
200
64 65 66 67 68 69 70 71 72
#
YEAR
SED. AND SL. PILLS, RATE PER 100,000
250
200
150
100
50
0
64 65 66 67 68 69 70 71 72
#
YEAR
* Data for 1965 are not available
# Population under 5 estimated for 1972
bro

TABLE 1

AVERAGE AGE-SPECIFIC INCIDENCE AND MORTALITY FOR ACCIDENTAL POISONINGS DURING THE PERIOD 1964 - 72

	AVERAGE CASES PER YEAR	AVERAGE DEATHS PER YEAR	CASE FATALITY RATE (PERCENT)
0 - 4	2,525	2.9	0.1
5 - 14	225	2.3	1.0
15 - 24	685	20.4	3.0
25 - 44	521	42.8	8.2
45+	218	46.2	21.2

FIGURE 4



WE NEED YOUR HELP

This questionnaire is enclosed with the first Health and Social Development Quarterly Statistical Review, to give readers an opportunity to guide the future of the publication.

Present plans are to include in each issue feature articles that analyse and interpret statistics relating to our programs. Statistics of each program will be reviewed at least once a year. In addition, statistics subject to seasonal change — representing primarily those for public assistance and child welfare at first — will be reported quarterly with interpretative highlights.

It is our intention this factual Review will better inform readers and the public with regards to the operation and development of our programs. We would very much appreciate your co-operation in assisting us in planning the Quarterly Statistical Review through information as to your interests and suggestions.

1. Please indicate your relationship to the Department:

.....Member of the Legislative Assembly

.....Health Unit Board Member

.....Preventive Social Service Board Member

.....Citizens Appeal and Advisory Committee Member

.....Health and Social Development Employee
(please specify branch or office).....

.....Other Government Department Employee
(please specify department and branch).....

.....Other Agencies
(please specify).....

.....Other
(please specify).....

2. Should the Statistical Review primarily present basic statistical material or focus on an analysis and interpretation of available statistics?

3. Please indicate below those program(s) from our Department for which you would particularly like statistics or articles.

4. Other Comments:

5. Would you like to continue receiving copies of this Review? ..... Yes ..... No

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